



# WORKSHEET FOR DATA ENTRY - TERMINATION OR DENIAL

State Form 43714 (R4 / 9-01) / DE T/D

PLEASE FILL OUT FORM COMPLETELY.

Check appropriate status

☐ Termination

☐ Denial

Check appropriate waiver

☐ Aged and Disabled

☐ Autism

☐ ICF / MR

☐ Medically Fragile Children

☐ TBI

☐ AL

☐ AFC

Last name	First name	Middle initial
Medicaid number	Date of birth (month, day, year)	
Social Security number	Area Agency on Aging number	BDDS district number (Autism and ICF / MR waiver only)

Please refer to the Termination, Denial, Level of Care, and Marital Status codes on the reverse side of this form.

## A. TERMINATION - (complete this section if services are terminated)

### Stop date

Date waiver case closed (month, day, year)	Termination reason code	Level of care	S.B. provision (please check) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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OR

## B. DENIAL - (complete this section if denied services)

Date denied - applicants only (month, day, year)	Denial reason code	Marital status <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
Date of application (month, day, year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Diagnosis

Case manager 4 digit I.D. number	Case manager authorization number
Name of case manager	Case manager telephone number ( )
Address of case manager (number and street, city, state and ZIP code)	
Name of agency	
Date data sheet completed (month, day, year)	

## STATE AGENCY USE ONLY

	Date	Initial
Received in Medicaid Waiver Unit		
Received in Level of Care Unit		
Returned to Case Manager		

Upon completion, mail this form to: **Medicaid Waiver Program**  
P.O. Box 7083, MS 21  
Indianapolis, IN 46207-7083

#### **TERMINATION / DENIAL REASON CODES**

##### **Code Description**

A	Voluntary withdrawal
B	Chose institutional placement / entered institutional long-term care
C	Death of consumer
D	Total costs to Medicaid for home-base services exceed the standard costs for institutional care
E	Consumer no longer meets requirement for institutional Level of Care
F	Client is not eligible for Medicaid services
G	Home and Community-Based Waiver services no longer required
H	Aged and Disabled Waiver . . . . . Client not disabled
	Assisted Living Waiver . . . . . Client not disabled
	Autism Waiver . . . . . Client not autistic
	ICF / MR Waiver . . . . . Client not developmentally disabled
	Medically Fragile Children Waiver . . . . Client does not meet Medically Fragile diagnosis
	TBI Waiver . . . . . Client does not meet Traumatic Brain Injury diagnosis
I	Aged and Disabled Waiver . . . . . Client not aged or disabled
	Assisted Living Waiver . . . . . Client is not age 18 or older, or disabled
	Medically Fragile Children Waiver . . . . Client over age 18
J	Initial denial - applicant does not meet Level of Care criteria
K	Waiting List
L	Other _____

#### **AGED AND DISABLED WAIVER LEVEL OF CARE CODES**

##### **Code Description**

A00	(Intermediate / Skilled) NF Level of Care; Diverted, Aged / Disabled; Waiver effective 7/1/90
A50	(Intermediate / Skilled) NF Level of Care; Deinstitutionalized, Aged / Disabled; Waiver effective 7/1/90

#### **ASSISTED LIVING WAIVER LEVEL OF CARE CODES**

##### **Code Description**

B00	Intermediate Nursing Facility Level of Care; Diverted; HCBS Waiver effective 7/1/2001
B50	Intermediate Nursing Facility Level of Care; Deinstitutionalized; HCBS Waiver effective 7/1/2001

#### **AUTISM WAIVER LEVEL OF CARE CODES**

##### **Code Description**

P	Intermediate Care Facility for the Mentally Retarded Level of Care (ICF/MR) Diverted; Waiver effective 1/1/90
Q	Intermediate Care Facility for the Mentally Retarded Level of Care (ICF/MR) Deinstitutionalized; Waiver effective 1/1/90

#### **DD HCBS WAIVER (Intermediate Care Facility for the Mentally Retarded (ICF/MR) Level of Care Codes**

##### **Code Description**

T	Diverted; Waiver effective 7/1/92
T01	Diverted; 317 Funding Priority Waiver slot; Effective 7/1/99
T02	Diverted; 317 General Funding (non-priority slot); Effective 7/1/99
U00	Deinstitutionalized from non-State Facility; Effective 7/1/92
U01	Deinstitutionalized from non-State Facility; 317 Funding Priority Waiver slot; Effective 7/1/99
U02	Deinstitutionalized from non-State Facility; 317 General Funding (non-priority slot); Effective 7/1/99
U10	Conversion Group Home (Small Private)
U20	Conversion Res-Care (Large Private)
U21	Conversion SVNH (Large Private)
U22	Conversion Arcadia (Large Private)
U23	Conversion Holy Cross Living Center (Large Private)
U24	Conversion Knox Co. ARC (Large Private)
U25	Conversion Millers Merry Manor (Large Private)
U26	Conversion New Horizon Developmental Center (Large Private)
U27	Conversion Normal Life of Indiana (Large Private)
U28	Conversion North Willow Center (Large Private)
U29	Cascade due to non-State Facility conversion
U30	Conversion Oak Meadows Learning Center (Large Private)
U31	Conversion Procure Developmental Center (Large Private)
U32	Conversion Riverbend Learning Center (Large Private)
V00	Deinstitutionalized from State Operated Facility; Effective 7/1/92
V01	Deinstitutionalized from State Facility; 317 Funding Priority Waiver slot; Effective 7/1/99
V20	Conversion Central State Hospital
V21	Conversion NCSDC, Effective 7/1/96
V22	Conversion NISDC, Effective 7/1/96

V23	Conversion FWSDC, Effective 7/1/96
V24	Conversion MSDC, Effective 7/1/96
V25	Conversion Evansville SH/DTU, Effective 7/1/96
V26	Conversion Madison/Gold, Effective 7/1/96
V27	Conversion Logansport JEU, Effective 7/1/96
V29	Cascade due to State Facility Conversion
W	Deinstitutionalized from Nursing Facility; (NF/OBRA); Effective 7/1/92
W01	Deinstitutionalized from Nursing Facility; 317 Funding Priority Waiver slot; Effective 7/1/99

#### **MEDICALLY FRAGILE CHILDREN'S WAIVER LEVEL OF CARE CODES**

<b>Code</b>	<b>Description</b>
J	Hospital Level of Care; Diverted; Waiver effective 7-1-92
X	Hospital Level of Care; Deinstitutionalized; Waiver effective 7-1-92
Y	Skilled Nursing Facility Level of Care; Diverted; Waiver effective 7-1-92
Z	Skilled Nursing Facility Level of Care; Deinstitutionalized; Waiver effective 7-1-92

#### **TBI WAIVER LEVEL OF CARE CODES**

<b>Code</b>	<b>Description</b>
K10	Nursing Facility Level of Care; Diverted; In-State, Effective 1/1/2000
K11	ICF/MR Level of Care; Diverted; In-State
K12	Hospital Level of Care; Diverted; In-State
L10	Nursing Facility Level of Care; Deinstitutionalized; In-State; Effective 1/1/2000
L11	ICF/MR Level of Care; Deinstitutionalized; In-State
L12	Hospital Level of Care; Deinstitutionalized; In-State
L20	Nursing Facility Level of Care; Deinstitutionalized; Out of State; Effective 1/1/2000
L21	ICF/MR Level of Care; Deinstitutionalized; Out of State
L22	Hospital Level of Care; Deinstitutionalized; Out of State

#### **MARITAL STATUS CODES**

<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>
A	Married	D	Separated
B	Widowed	E	Single / Never Married
C	Divorced	F	Unknown